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<p>From : Stephen E. Reiter <i>SR</i></p> <p>Email Address : sreiter@foley.com</p> <p>Sender's Direct Dial : 858.847.6711</p> <p>Date : February 17, 2005</p> <p>Client/Matter No : SALK2270-4 (088802-5211)</p> <p>User ID No : 1877</p>
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**MESSAGE:****Re: U.S. Patent Application No. 09/458,366**

Attached are the following:

- 1) Issue Fee Transmittal with request for ten additional copies, in duplicate (4 pgs.)
- 2) Form PTOL-85(B), in duplicate (2 pgs.)
- 3) Amendment After Allowance Under 37 C.F.R. § 1.312 (2 pgs.)
- 4) Application for Patent Term Adjustment Under 37 CFR § 1.705 (3 pgs.)
- 4) Notification of Loss of Entitlement to Small Entity Status (1 pg.)

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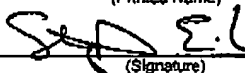
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NO. 0397 P. 2

Atty. Dkt. No. SALK2270-4 (088802-5211)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Ronald M. Evans  
Title: TRANSGENIC ICE  
EXPRESSING A HUMAN SXR  
RECEPTOR POLYPEPTIDE  
Appl. No.: 09/840,008  
Filing Date: 4/20/2001  
Examiner: Joseph T. Woitach  
Art Unit: 1632  
Conf. No.: 3075

<b>CERTIFICATE OF FACSIMILE TRANSMISSION</b> I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below.  Stephen E. Reiter (Printed Name)   (Signature)  February 17, 2005 (Date of Deposit)
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**ISSUE FEE TRANSMITTAL**

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Enclosed herewith please find:

1. Issue Fee Transmittal Form PTOL-85(B), the Publication Fee and request for ten additional copies of the issued utility patent.
2. Amendment After Allowance Under 37 C.F.R. § 1.312.
3. Application for Patent Term Adjustment Under 37 C.F.R. § 1.705.
4. Notification of Loss of Entitlement to Small Entity Status.

In re application of  
Ronald M. Evans  
Application No.: 09/840,008

Atty. Dkt. No. SALK2270-4 (088802-5211)

Please charge the issue fee, publication fee and the fee for ten additional copies in the total amount of \$1,730.00 to Deposit Account No. 50-0872. A duplicate copy of this transmittal is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.18, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Respectfully submitted,

Date

2/17/05

By



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